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PTO/SB/21 (09-04)

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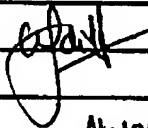
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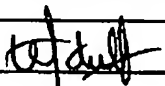
TRANSMITTAL FORM	Application Number	10/044,692	
	Filing Date	January 11, 2002	
	First Named Inventor	Thomas R. Cech, et al.	
	Art Unit	1642	
	Examiner Name	Susan Nmn Ungar	
(to be used for all correspondence after initial filing)		Attorney Docket Number	015389-002640US; 018/213C
Total Number of Pages in This Submission		last page	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply (13 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Supplemental Information Disclosure Statement (2 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition for Revival of Application (2 pages) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): last page marker (1 page)
Remarks Fee Transmittal to accompany Amendment and IDS transmitted earlier today		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Geron Corporation		
Signature			
Printed name	J. Michael Schiff		
Date	11/10/05	Reg. No.	40,253

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	J. Michael Schiff	Date	11/10/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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geron

GERON CORPORATION
230 Constitution Drive
Menlo Park, CA 94025
Phone: (650) 473-7700
Fax: (650) 473-8654

Facsimile Transmittal Sheet

LAST PAGE

USSN 10/044,692

Attorney Docket

015389-002640US; 018/213C

Confirmation Report - Memory Send

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 End time : 10-Nov 06:31pm
 Pages sent : 000
 Status : 50

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TRANSMITTAL FORM

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Total Number of Pages in This Submission: 3

Application Number: 10/044,892

Filing Date: January 11, 2002

First Named Inventor: Thomas R. Cech, et al.

Art Unit: 1643

Examiner Name: Susan Nmn Ungar

Attorney Docket Number: 016386-002640US; 018/215C

ENCLOSURES (Check all that apply)

☒ Fee Transmittal Form
☐ Fee Attached
☐ Amendment/Reply (10 pages)
☐ After Final
☐ Affidavit/Declaration(s)
☐ Extension of Time Request
☐ Express Abandonment Request
☐ Supplemental Information Disclosure Statement (2 pages)
☐ Certified Copy of Priority Document(s)
☐ Reply to Missing Parts/Incomplete Application
☐ Reply to Missing Parts under 37 CFR 1.52 or 1.63

☐ Drawing(s)
☐ Licensing-related Papers
☐ Petition for Revival of Application (2 pages)
☐ Petition to Convert to a Provisional Application
☐ Power of Attorney, Revocation
☐ Change of Correspondence Address
☐ Terminal Disclaimer
☐ Request for Refund
☐ CD, Number of CD(s)
☐ Landscape Table on CD

☐ After Allowance Communication to TC
☐ Appeal Communication to Board of Appeals and Interference
☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
☐ Proprietary Information
☐ Status Letter
☐ Other Enclosure(s) (please identify below):
 last page marker (1 page)

Remarks:
 Fee Transmittal to accompany Amendment and IDS transmitted earlier today

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name: Geron Corporation

Signature: *[Signature]*

Printed Name: J. Michael Schitt

Date: 11/10/05 Reg. No. 40,253

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Signature: *[Signature]*

Typed or printed name: J. Michael Schitt Date: 11/10/05

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file and by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is subject to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0851-0032
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) (130) ~~100~~

Complete If Known

Application Number	10/44,692
Filing Date	January 11, 2002
First Named Inventor	Thomas R. Cech, et al.
Examiner Name	Susan Nmn Ungar
Art Unit	1642
Attorney Docket No.	015389-002640US; 018/213C

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 07-1139 Deposit Account Name: Geron Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 33 - 20 or HP = 3 x 50 = 150 previously paid = 30
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 6 - 3 or HP = 2 x 200 = 400 total independent claims previously paid = 4
 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 100 - 100 = 0 / 50 = 0 (round up to a whole number) x 125 = 0
 Extra Sheets 0 Number of each additional 50 or fraction thereof Fee (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)
 Other (e.g., late filing surcharge): Information Disclosure Statement 180

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	40,253	Telephone	(650) 473-7715
Name (Print/Type)	J. Michael Schiff	Date	Nov 10/05		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **730**

Complete If Known

Application Number	10/44,692
Filing Date	January 11, 2002
First Named Inventor	Thomas R. Cech, et al.
Examiner Name	Susan Nmn Ungar
Art Unit	1642
Attorney Docket No.	015389-002640US; 018/213C

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 07-1139 Deposit Account Name: Geron Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	33	3
HP = highest number of total claims paid for, if greater than 20.	30 or HP = 3	50
Indep. Claims	6	2
HP = highest number of independent claims paid for, if greater than 3.	3 or HP = 2	200
Multiple Dependent Claims	30	180
Fee Paid (\$)	150	400

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 100 **Extra Sheets** 20 **Number of each additional 50 or fraction thereof** 1 **Fee (\$)** 250 **Fee Paid (\$)** 250

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) **Fees Paid (\$)** 130

Other (e.g., late filing surcharge): Information Disclosure Statement **Fees Paid (\$)** 180

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	40,253	Telephone	(650) 473-7715
Name (Print/Type)	J. Michael Schiff	Date	Nov 10/05		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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